

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1		1				51				
2				1			52				
3				1			53				
4				1			54				
5	1		1				55				
6				1			56				
7							57				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			2				Total Indep				
Total Depend			4				Total Depend				
Total Claims			6				Total Claims				